Alameda Council of Community Mental Health Agencies

An Association of Non-Profit Service Providers

Fred Finch Youth Center
3800 Coolidge Avenue
Oakland, CA 94602

Tel 510.748.9637
Fax 1.866.576.2720
e-mail @accmha.org

Position Paper on Mental Health Services Act Planning and Implementation

March 2005

Introduction

In Alameda County eighty-five percent of all publicly funded mental health services are delivered by contracted agencies; the Alameda Council of Community Mental Health Agencies (The Council), whose members provide community-based mental health services, represents a large proportion of these agencies. A successful planning process for implementation of the Mental Health Services Act (MHSA) in Alameda County must draw upon the Council's extensive service delivery experience and strong connections to mental health consumers and their families. Historically, the County's Department of Behavioral Health Care Services has benefited from collaborating with both the provider and the client community to carry out its mission. The Council wishes to build upon this history as we approach the implementation of the MHSA in the Alameda County.

One of the key elements of the MHSA is a commitment to the "transformation" of the public mental health care delivery system. What follows are recommendations built from the input of the 24 member agencies of The Council, all of whom collectively represent a long history of community-based mental health care in Alameda County and a broad spectrum of mental health concerns. For example, some of our member agencies have worked in the community since before the turn of the last century; others are new "peer" oriented support groups. Our members' services cover the diverse needs of Alameda County - some of our members work with historically underserved populations, others specialize in adult care or in children's care. All of our member agencies have come together for many hours to envision together a "transformed" mental health care system in our County.

The Council supports an expanded system of mental health services that is client and family centered, culturally relevant, intentionally seamless in design with "gateways to care" and a truly "no wrong door" policy. A system where barriers are replaced with the flexibility to serve communities that vary in how they utilize resources, that is more responsive to diverse expressions of the symptoms of illness and distress.

To help realize the potential of the MHSA in Alameda County by bringing about such a system, The Council offers input for the following areas: (1) community services and support for children, transition-age youth, adults and

older adults; (2) achieving cultural competence across all aspects of the county mental health system; (3) workforce development; and (4) capital and technology improvements. The Council also urges Behavioral Health Care Services (BHCS) to concurrently plan for prevention and early intervention programs, for which 20 percent of the MHSA funds are allocated.[1]

Outlined below are system-wide outcomes that The Council believes will effectively transform how Alameda County supports and cares for our most vulnerable citizens. These outcomes include:

- Services and support for clients in their own homes and communities, consistent with the values and goals of the *Olmstead* decision.
- A seamless continuum of care, in terms of clients being able to access the services and supports they need as they transition from childhood to adulthood, adulthood to older adulthood, insured to uninsured, housed to homelessness, etc.
- Maximized opportunities that promote self-determination rather than dependency for all age groups (including children and their families).
- A mental health system that provides anyone in need ready access to services that they help to design and implement. This means partnering with identified clients, supporting and involving family members and other caregivers in service planning and delivery**,** and challenging insurance industry practices that disadvantage persons seeking mental health services.

The Council recommends that these outcomes be based on mapping the gaps in service and disparities that currently exist in our mental health system, including, but not limited to, inadequate culturally/linguistically appropriate services, lack of services for the uninsured, lack of older adult services, and lack of services for transition-age youth. Methodologies to identify undeserved populations and communities that will be served during the first three years of MHSA implementation should be developed jointly by BHCS and MHSA stakeholders.

Transforming the Child, Adult and Older Adult Service Systems

The Council believes that each service system must (1) incorporate a broad array of cost-effective services and supports that are organized into a coordinated network, (2) integrate care planning and management across multiple levels, (3) be culturally and linguistically competent, and (4) build meaningful partnerships

[1] We understand that the State Department of Mental Health (SDMH) is initially focusing its planning efforts on the service delivery systems for seriously emotionally disturbed (SED) children and severely mentally ill (SMI) adults. However we wish to emphasize the potentially transformative aspect of the Prevention and Early Intervention component of the MHSA and the importance of considering how it will relate to the Community Services and Supports systems.

with consumers and families at service and policy levels. Other critical characteristics include:

- Incorporating consumers and family members as full partners in system design, implementation, and evaluation.
- Building voluntary, non-institutional systems of community services and support as a collaborative strategic venture among consumers, family members, BHCS, The Council, and other stakeholders to reach agreement on:
    - A community mapping process
    - Agreed upon protective factors
    - Clear population(s) of focus and shared outcomes
    - Agreed upon at-risk factors
- Planning with pooled funding streams rather than the current system of constricted financing of different components of care.
- Creating systems of community services and supports that incorporate non-categorical funding, with a goal of providing more cost effective and holistic support for individuals and their families burdened with multiple challenges.
- Creating care systems that focus on early identification and referral to the most appropriate service/treatment option.
- Developing clear definitions and operational components of screening, assessment, and evaluation that are agreed upon throughout the systems that come in contact with individuals and families.
- Creating case/care management that involves a system of community-based services and support and addresses:
    - Individuals needing only brief or short-term services and supports
    - Individuals needing intermediate levels of services and supports
    - Individuals needing intensive and extended levels of services and supports
- Providing individualized services in the least restrictive setting (preferably at home for children and, for adults, in their residence of choice), with each individual having ready access to other levels in the service system if their needs change.
- Designing and funding the array of authorized services across governmental entities in a coordinated and flexible manner, subject to checks and balances to assure fiscal responsibility and accountability for care planning, authorization, monitoring and review.
- Identifying clinical interventions supported by:

    - Evidence-based practice/best practice approaches, allowing for exploration of promising practices designed to engage particular communities
    - Practice guidelines
    - Quality monitoring
- An organized "gateway to care" with multiple entry points. From the consumer perspective, access to services should be seamless as one transitions from child to adult, adult to older adult, insured to uninsured, housed to homeless, etc.
- Services that are cost-effective and designed to improve quality of life, stability and functioning so clients can achieve recovery and attain their personal goals.

Children's Community Services and Support

During the last decade, Alameda County Behavioral Health has dramatically expanded the scope of mental health services for Medi-Cal eligible children and youth, primarily through the growth of the federal Medicaid (Medi-Cal) Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) mandated array of day treatment and outpatient programs. While this expansion has greatly enhanced services available for children, EPSDT funded services do not reach all eligible children, nor are they available for children not fully covered under Medi-Cal.

The current children's service system remains designed and operated as a "fail first" system, with little emphasis placed on prevention and early intervention. Children, youth, their caregivers, and families often confront multiple challenges that could have been resolved through early identification, referrals, and access to services. Instead, lack of availability to such services leaves children and their caregivers with nowhere to go until behavioral problems reach critical proportions.

With the support of MHSA funding, The Council envisions a transformation of the children's system to offer assessment and treatment services "on demand" to those in need, without involving consumers and families in complex funding arrangements for those services. Desirable (and probably critical) features of the new children's service system include:

- Youth, family members, educators, law enforcement officers, and other professionals would only need to call a phone number to request a screening, which could potentially trigger a clinical assessment within 72 hours. BHCS would offer (and publicize) distinct phone numbers (with special linguistic capacity) for different populations and communities, as well as a phone number for professionals**.**

- The clinical assessment would be comprehensive in its scope, focusing on child/family strengths and needs in various life domains (physical, developmental, social, legal, spiritual, recreational, etc.) and not just on pathology and problems.
- A strong emphasis on child and family strengths in service planning would include the implementation of best practices in youth development, allowing young people to participate as leaders and peer counselors in service delivery.
- Teachers in every school district would receive training in how to identify students at risk of suicide and other serious emotional issues.
- Law enforcement and probation officers throughout the county would receive training on how to improve outcomes for youth via enhanced screening and referral protocols. .
- Much of the infrastructure of the on-demand service system should be based in or linked to public schools throughout the county.
- Expanded wraparound programming and in-home services should be a critical component of the on-demand service system, so that emotionally disturbed children and youth can be served in their families and communities, rather than in out-of-home care.

Special Focus on Transition-Age Youth (TAY)

The Council recommends that special emphasis be placed on developing a system of community services and support for transition-age youth. In particular, strong linkages should be established between the child and adult systems to ensure that young people with serious emotional issues have adequate levels of support and options available that will promote independence and autonomy in as many areas of life as possible.

ACCMHA offers the following recommendations to assist BHCS in planning and implementing a comprehensive and cost-effective service system for transition-age youth:

- Leverage existing (non-MHSA) funding sources for this population, including EPSDT (up to age 21) for flexible mental health services and Medi-Cal funding for adult residential treatment/social rehabilitation facilities designed to address the service needs of 18- to 24-year-olds.
- Provide adolescents who are aging out of the children's system ready access to a program that provides a place to live up to age 21, along with a broad array of treatment and support services. To achieve this, the Council proposes "Presumptive Eligibility": Uninsured 18 -24 year old youth would be provided services without regard to Medi-Cal eligibility status.

Currently services are withheld until an individual is approved for Medi-Cal. This much too often results in critical delays, missed opportunities for interventions, and needless tragic consequences. Presumptive eligibility would allow individuals time to apply for eligibility for coverage for services for which they are likely to be eligible.

- Make transitional mental health services available to older SED youth who are not reclassified as SMI after they turn 18.
- Emphasize the importance of addressing the needs of teens and young adults with co-occurring mental health and substance abuse disorders.
- Coordinate child and adult systems to include more coordinated case management support, with careful attention to meeting the needs of youth who are not identified as seriously emotionally disturbed until their 17th year.
- Partner with other public agencies, contracted providers and the community to look for creative ways to expand supportive services in the critical areas of life skills training, job readiness, and housing.

Adult Community Services and Support

In contrast to mental health care delivery system for children, Alameda County has a comprehensive system of locked and sub-acute psychiatric facilities for adults with mental illness. While there has been progress in meeting the needs of adults with mental illness, there remain significant gaps in the current service system. Three important examples are that the system does not have the capacity to provide the range of crises management services typically required for the duration of a mental health crisis; that there are few, if any, crisis intervention services offered outside of institutional settings (i.e., in community based settings) and a dearth of alternatives to institutional care. The MHSA provides Alameda County with a once-in-a-lifetime opportunity to address these gaps and transform its adult system of community services and support.

The Council also urges prompt implementation of the AB 34/2034 program model and development of community based treatment services needed once people are enrolled. Program implementation should be accomplished in partnership with the mental health community, adopting a 'whatever-it-takes' approach outlined in the legislation to stabilize adults who are Seriously Mentally Ill (SMI) (versus only Seriously and Persistently Mentally Ill [SPMI] adults), with a focus on the needs of the homeless mentally ill population, particularly those at risk of, or being discharged from, institutionalization in jails, prisons, or hospitals. In addition, we recommend development of the following services and system changes:

- Services to support people with mental illness who are leaving jails, prisons, and hospitals.
- Enhanced crisis services that can provide on-site, culturally/linguistically competent assessment and stabilization, including transportation support, that are available to all residents of Alameda County (not just residents of Oakland and Berkeley).
- Short-term case management for individuals who may need support for only three to 12 months in order to achieve stability outside of an institutional setting.
- Additional service team resources to stabilize adults discharged from acute inpatient settings who may not reach the $20,000/year hospital cost threshold, but typically become high-frequency users of psychiatric emergency services and cycle repeatedly through the mental health system.
- Supportive services and resources for parents, siblings, and other kin of SMI adults. In particular, The Council recommends that support systems be improved for family members and other caregivers struggling to keep SMI adults out of institutional care.
- More client-directed programs throughout the adult service system to enhance peer support for SMI adults.
- Primary care services that are attached to Service Teams, and linked to programs that are expanded to ensure that consumers' urgent medical/health needs are addressed.
- Consideration of system wide improvements for specialized mental health services for SMI adults with developmental and physical disabilities, including hearing and vision impairment.
- Consideration of system wide improvements for enhanced linkages between mental health and substance abuse treatment systems, including more case management resources for co-occurring disorders.
- Consideration of system wide improvements for supported/supportive employment programs (shown to be highly effective in helping SMI adults obtain competitive employment).
- Consideration of system wide improvements for supportive housing services (including "wet", "damp", and "dry" housing options) that include funding for housing subsidies while SMI adults are in the application processes for Section 8 vouchers. These temporary housing subsidies could be tied to case management teams who have housing expertise and developed relationships with local landlords.
- Developing partnerships with non-profit housing developers to provide on-site voluntary supportive services for adults with psychiatric disabilities.

Older Adult Community Services and Support

Within Alameda County, the mentally ill elderly population is increasing, and a growing number of individuals are "aging out" of board and care facilities. To better address the needs of SMI older adults, MHSA funding should be used to develop a range of community-based services (crisis or assertive community treatment teams, psychosocial rehabilitation, wraparound, and case management) that will allow them to remain in their homes or current living situations. Services should be age-specific, gender-sensitive, culturally competent and linguistically appropriate to effectively serve the diverse populations of older adults in the county. Sites targeted for outreach and services should be the natural gathering places or homes of older adults.

Given the lack of a coherent older adult service system, the Council urges BHCS to adopt the *Older Adult System of Care Framework* developed by the California Mental Health Directors Association (CMHDA) in 2001. The CMHDA details the necessity of working with existing services available through the Social Services Agency, as well as to the need to build bridges with the community to keep seniors functioning as independently as possible. Core values mirror those of the child and adult service systems in terms of cultural competence, consumer and family involvement, and accountability.

In addition to adoption of the CMHDA framework, the Council offers the following recommendations to assist BHCS in developing an effective system of community services and support for older adults:

- MHSA planning and implementation that would ensure that the transition of individuals from the adult to the older adult system is as smooth as possible, and focus on better integrating the adult and older adult systems so there is no "aging out" of services and support.
- An older adult mental health service system that would reflect the values of the *Olmstead* decision, providing whatever in-home and community-based supports are necessary to keep seniors out of institutions and in the living situation of their choosing.
- Training and supportive services for family members and other caregivers that would be dramatically expanded to ensure greater stability of SMI older adults in the community and decrease the incidence of elder abuse.
- Community outreach and education to increase awareness of the symptoms of mental illness in older adults, so that conditions like depression are not viewed as normative for this age group. Community education activities would include information on identifying individuals with dementia who also suffer from a mental health disorder.
- Mental health and substance abuse treatment services that are closely integrated within the new older adult system in order to effectively address the needs of individuals with co-occurring disorders.

Cultural Competence

The MHSA provides Alameda County with an opportunity to reach the Latino, Asian Pacific Islander, and other communities that are currently being served at rates well below those of their population prevalence. This recommendation includes expanding available cultural and linguistic specialty services for these communities, but also revising existing admission criteria that systematically exclude many of their members.

Cultural/linguistic minorities deserve services that are specifically designed to address their particular circumstances and needs. Reduction of disparities in services for these populations will not result if we only apply mental health services developed for one population and simply expand them to new communities and additional languages. Culturally relevant services are a specialty that requires commitment, training, skills, and proven experience throughout every layer of the provider organization. The Council views these specialties not as add-on services offered by an organization, but rather an integral aspect of organizations that provide competent mental health services to particular communities.

To support BHCS in effectively engaging and serving communities and groups that have limited, if any, access to existing services and supports, the Council offers the following recommendations:

- Engage particular communities by tapping providers that have proven experience and expertise in reaching these populations. Language or translation services capacity does not equal cultural competence; we need to strengthen and expand culturally relevant services offered by specialized providers.
- Ask different communities where they would like to receive services and incorporate those preferences into program development efforts rather than diluting culturally specific services across the entire system of care.
- Offer mental health services at primary care sites as a way to reach the diverse communities within the county.
- Create flexibility in admissions criteria by recognizing that individuals and families from different cultures vary in their expression of the signs and symptoms of illness and distress. This flexibility is crucial in developing a culturally competent system and differs from a "one size fits all" set of admission criteria to which all individuals are compared without regard to cultural issues and considerations.
- Develop a system that includes financial incentives for cross/interagency referral and collaboration to address the needs of individuals from specific communities or groups.
- Using MHSA funding allocated for innovative services, explore development of best practices for different communities. For example, for

certain communities, enhanced flexibility to include family and community members in service delivery will likely be more effective than the traditional treatment model focused on the individual.

- Develop a reporting system that helps to ensure that the primary language of the clinician matches that of the client(s).
- Work with the State Department of Mental Health (SDMH) to increase the flexibility of provider agencies to hire paraprofessional practitioners drawn from client communities. Develop staff credentialing programs offered by agencies that specialize in culturally relevant services for particular communities/groups.
- Expand the definition of cultural competence beyond ethnic references to include specialized services for the developmentally and physically disabled (including the deaf and blind), and gay, lesbian and transgender communities.
- Educate underserved and/or disenfranchised communities about the importance of early identification and prevention.
- Reduce stigma and increase confidence in mental health services through outreach that emphasizes that mental health services are private, and confidentiality will be maintained.
- Ensure that outreach accommodates different levels of English proficiency and literacy.
- Ensure that information is translated into the "threshold" languages (languages that are spoken by more than five percent of the population) in Alameda County.

Workforce Development

Recruiting and training a high quality, culturally competent and equitably compensated workforce is critical to the success of Alameda County's efforts to transform the service systems for children, transitioning age youth, adults and older adults. Following are recommendations for addressing some of the most urgent human resource needs of the public-supported mental health system:

- Provide an allocation to each contracted provider to be spent on required training, similar to what BHCS allocates to large for- profit BHCS contractors (a percentage above total contract for direct services).
- To recruit and train members of client communities:
    - Offer stipends for student interns in contracted provider agencies.
    - Develop loan reimbursement and tuition assistance programs at the county level for contracted provider staff.

- Develop a mental health training institute with an emphasis on recruiting from local underserved communities. The institute would promote best practice and evidence-based practice approaches to service delivery, and to offer training through mental health provider agencies, as well as to other service delivery systems such as Social Services, Education, and Law Enforcement**.** A critical part of the training institute's mission would be to support public and private agency providers in achieving cultural competence.

- Collaborate with DMH to allow provider agencies to hire paraprofessional practitioners drawn from client communities. These paraprofessional staff could be credentialed by agencies with specialties in serving particular populations.
- Provide system-wide training in identifying and treating youth and adults with co-occurring mental health and substance abuse disorders.
- Utilize mental health service consumers and family members as trainers for provider staff. For example, parents of SED children could train county and CBO staff in how to more effectively engage with and support families.
- Provide training for service team personnel in how to work safely and effectively with aggressive or violent individuals.
- Provide training for board and care operators serving adults with mental illness.
- Train law enforcement officers and educators in recognizing symptoms of mental illness and referring identified children, youth and adults for comprehensive assessment and treatment services. Law enforcement personnel also require training in effectively and safely managing the behavior of mentally ill individuals**.**
- Collaborate with SDMH, school districts, other public agencies and private funders to develop high school service academies that encourage students to explore employment opportunities in human services.

Capital and Technology Improvements

Transforming public-funded mental health services will undoubtedly require extensive upgrades to the physical and technological infrastructure of the children's and adult systems. The Council offers the following input regarding the allocation of MHSA funds for capital and technology improvements:

- The County's MIS should be linked with contracted providers' existing databases in order to eliminate duplicative entries of client data and to achieve other benefits of coordinated IT systems.

- Provide contracted nonprofit providers with ongoing support for regular IT upgrades, as well as IT training for staff. State-of-the-art digital phone systems are another urgent technology need for many provider agencies.
- Support contracted providers in adopting electronic or web-based quality assurance and charting to increase the quality of services and improve staff productivity.
- Allocate capital funding to nonprofit contracted providers to develop permanent facilities and create physical environments for service delivery that promote self-respect and good mental health.

###